

NJ-1040NR  
1995STATE OF NEW JERSEY  
INCOME TAX—NONRESIDENT RETURN

For Tax Year Jan.-Dec. 31, 1995 Or Other Tax Year Beginning \_\_\_\_\_, 1995, Ending \_\_\_\_\_, 19 \_\_\_\_\_

☒ 5-N Check block ☐ if application for Federal extension is attached.

Please Print or Type	<b>Your Social Security Number</b>	<b>Last Name, First Name and Initial (Joint filers enter first name and initial of each—Enter spouse last name ONLY if different)</b>		Please place label on form you file. Make all necessary changes on label.																																																																																																																				
	<b>Spouse's Social Security Number</b>	<b>Home address (Number and Street, including apartment number or rural route)</b>																																																																																																																						
	<b>State of Residency</b>	<b>City, Town, Post Office</b>	<b>State</b>		<b>Zip Code</b>																																																																																																																			
For Privacy Act Notification See Instructions	(Check only ONE box)																																																																																																																							
	1. <input type="checkbox"/> Single		6. Regular <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse	6																																																																																																																				
	2. <input type="checkbox"/> Married, filing joint return		7. Age 65 or Over <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse	7																																																																																																																				
	3. <input type="checkbox"/> Married, filing separate return		8. Blind or Disabled <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse	8																																																																																																																				
			9. Number of your qualified dependent children	9																																																																																																																				
			10. Number of other dependents	10																																																																																																																				
			11. Dependents attending colleges	11																																																																																																																				
			12. Totals (For Line 12a—Add Lines 6, 7, 8 and 11)	12a																																																																																																																				
			(For Line 12b—Add Line 9 and Line 10)	12b																																																																																																																				
<b>RESIDENCY STATUS</b> 13. If you were a New Jersey resident for ANY part of the taxable year, give the period of New Jersey residency. From _____ To _____ MONTH DAY YEAR MONTH DAY YEAR																																																																																																																								
<b>GOVERNMENTAL ELECTIONS FUND</b> Do you wish to designate \$1 of your taxes for this fund? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If joint return, does your spouse wish to designate \$1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If you check the "Yes" box(es) it will not increase your tax or reduce your refund																																																																																																																								
<b>NOTE:</b> Retirement Income Exclusion is computed by completing the worksheet on page 9 of the instructions.																																																																																																																								
<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th colspan="2" style="width:50%;">(Column A) AMOUNT OF GROSS INCOME (EVERYWHERE)</th><th colspan="2" style="width:50%;">(Column B) AMOUNT FROM NEW JERSEY SOURCES</th></tr></thead><tbody><tr><td>14a. Total Income (From Line 45, Part I)</td><td>14a</td><td>14a</td><td></td></tr><tr><td>14b. Other Retirement Income Exclusion (See Worksheet and Instructions)</td><td>14b</td><td>14b</td><td></td></tr><tr><td>14c. Gross Income (Subtract Line 14b from Line 14a)</td><td>14c (A)</td><td>14c (B)</td><td></td></tr><tr><td>15a. Exemptions: From Line 12a _____ x \$1,000 = _____</td><td></td><td></td><td></td></tr><tr><td>15b. From Line 12b _____ x \$1,500 = _____</td><td></td><td></td><td></td></tr><tr><td>15c. Total Exemption Amount (Add Line 15a and Line 15b)</td><td>15c</td><td></td><td></td></tr><tr><td><b>NOTE:</b> Part-year residents—See Instructions</td><td></td><td></td><td></td></tr><tr><td>16. 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<div style="display: flex; justify-content: space-between;"><div style="width: 45%;">Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.</div><div style="width: 45%; text-align: right;">Pay amount on Line 28 in full. Write social security number on check or money order and make payable to: <b>Division of Taxation Income Tax CN-244 Trenton, N.J. 08646-0244</b></div></div>																																																																																																																								
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Division Use 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____																																																																																																																								

PART I		TOTAL INCOME		Net losses in one category cannot be applied against income in another. In case of a net loss in any category, enter "zero" for that category		(Column A) AMOUNT OF GROSS INCOME (EVERYWHERE)	(Column B) AMOUNT FROM NEW JERSEY SOURCES
33.	Wages, salaries, tips, and other employee compensation .....	33					
34.	Interest .....	34					
35.	Dividends .....	35					
36.	Net profits from business (Attach copy of Federal Schedule C, Form 1040) .....	36					
37.	Net gains or income from disposition of property (From Line 49) .....	37					
38.	Net gains or income from rents, royalties, patents, and copyrights (From Line 52) .....	38					
39.	Net Gambling Winnings .....	39					
40.	Pensions, Annuities and IRA Withdrawals, Less New Jersey Exclusion .....	40					
41.	Distributive Share of Partnership Income .....	41					
42.	Net pro rata share of S Corporation Income .....	42					
43.	Alimony and separate maintenance payments received .....	43					
44.	Other—State Nature and Source .....	44					
45.	TOTAL INCOME (Add Line 33 thru 44) (Enter here and on Line 14a, Page 1)	45					

PART II		NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY		List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.			
(a) Kind of property and description	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Gross sales price	(e) Cost or other basis as adjusted (see instructions) and expense of sale	(f) Gain or (loss) (d less e)		
46.							
47.	Capital Gains Distribution .....					47	
48.	Other Net Gains .....					48	
49.	Net Gains (Add Lines 46, 47, and 48) (Enter here and on Line 37) (If Loss, enter ZERO) .....					49	

PART III		NET GAINS OR INCOME FROM RENTS, ROYALTIES, PATENTS AND COPYRIGHTS		List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights as reported on your Federal Income Tax Return.			
(a) Kind of property	(b) Net Rental Income (Loss)	(c) Net Income From Royalties	(d) Net Income From Patents	(e) Net Income From Copyrights			
50.							
51.	Totals	(b)	(c)	(d)	(e)		
52.	Net Income (Combine Columns b, c, d, and e) (Enter here and on Line 38) (If Loss enter ZERO) .....					52	

PART IV		MEDICAL EXPENSES (Not compensated for by insurance or otherwise)	
53.	Total Nonreimbursed Medical Expenses .....	53	
54.	Enter 2% (.02) of Line 14c, Column A, Page 1 .....	54	
55.	Subtract Line 54 from Line 53. (Enter here and on Line 16, Page 1) If less than zero enter zero .....	55	

PART V		ALLOCATION OF WAGE AND SALARY INCOME EARNED PARTLY INSIDE AND OUTSIDE NEW JERSEY		(See instructions if compensation depends entirely on volume of business transacted or if other basis of allocation is used.)	
56.	Amount reported on Line 33 in Column A of Part I required to be allocated .....	56			
57.	Total days in taxable year .....	57			
58.	Deduct non-working days (Sundays, Saturdays, holidays, sick leave, vacation, etc.) .....	58			
59.	Total days worked in taxable year (Line 57 minus Line 58) .....	59			
60.	Deduct days worked outside New Jersey .....	60			
61.	Days worked in New Jersey (Line 59 less Line 60) .....	61			
62.	ALLOCATION FORMULA (Line 56) x (Line 59) = (Enter amount from Line 56) (Salary earned inside N.J.) (Include this amount on Line 33, Col. B, Part I)				

PART VI		ALLOCATION OF BUSINESS INCOME TO NEW JERSEY		(See instructions if other than Formula Basis of allocation is used.)	
BUSINESS ALLOCATION PERCENTAGE (From Schedule NJ-NR-A)					
Enter below, the line number and amount of each item of business income reported in Column A of Part I which is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources.					
From Line No. _____	Part I \$ _____	X _____	% = \$ _____		
From Line No. _____	Part I \$ _____	X _____	% = \$ _____		